PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/22/2004 SSESHE1 00000070 090458   10707892
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PTO-1556
(5/87)

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID:	54056
Application ID:	10707892
Title of Invention:	DEVICE WITH AREA ARRAY PADS FOR TEST PROBING
First Named Inventor:	Tien-Jen Cheng
Domestic/Foreign Application:	Domestic Application
Filing Date:	2004-01-21
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Filing Type:	new-utility
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

FIS92 00 30352 US1

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20=	* 0
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐			OR	OTHER THAN SMALL ENTITY	
RATE	FEE			RATE	FEE
BASIC FEE	385.00	OR		BASIC FEE	770.00
X$ 9=		OR		X$18=	
X43=		OR		X86=	
+145=		OR		+290=	
TOTAL		OR		TOTAL	770

CLAIMS AS AMENDED - PART II

AMENDMENT A

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					☐

1 8 15

SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE			RATE	ADDI-TIONAL FEE
X$ 9=		OR		X$18=	
X43=		OR		X86=	
+145=		OR		+290=	
TOTAL ADDIT. FEE		OR		TOTAL ADDIT. FEE	

AMENDMENT B

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					☐

RATE	ADDI-TIONAL FEE		OR	RATE	ADDI-TIONAL FEE
X$ 9=		OR		X$18=	
X43=		OR		X86=	
+145=		OR		+290=	
TOTAL ADDIT. FEE		OR		TOTAL ADDIT. FEE	

AMENDMENT C

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					☐

RATE	ADDI-TIONAL FEE		OR	RATE	ADDI-TIONAL FEE
X$ 9=		OR		X$18=	
X43=		OR		X86=	
+145=		OR		+290=	
TOTAL ADDIT. FEE		OR		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.